

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

42948

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>10255</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (in this place) <u>4 Mos. 20 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		<u>2247</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Infirmary Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>3732 S Broadway</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosa</u> b. (Middle) _____ c. (Last) <u>Unruh</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15, 1950.</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan 16, 1881</u>		9. AGE (In years last birthday) <u>69</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>McNeill</u>		13b. MOTHER'S MAIDEN NAME <u>not known</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Unruh</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Julius Unruh</u>		18. ADDRESS <u>9438 Alpine</u>		19. MEDICAL CERTIFICATION	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis and</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) _____		21c. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? <u>4200</u>		22. I hereby certify that I attended the deceased from <u>July 25, 1950</u> , to <u>Dec. 15, 1950</u> , that I last saw the deceased alive on <u>Dec. 15, 1950</u> , and that death occurred at <u>6:00P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>George M. Ziegenhein, M.D.</u>		23b. ADDRESS <u>5600 Arsenal Street</u>		23c. DATE SIGNED <u>12/16/50.</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>12/18/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>N St Marcus Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>		DATE REC'D BY LOCAL REG. <u>DEC 18 1950</u>	
REGISTRAR'S SIGNATURE <u>J B Lusaner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J L Ziegenhein & Sons</u>		ADDRESS <u>7027 Gravois</u>			

(Licensed Embalmer's Statement on Reverse Side)

[Handwritten signature]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

W. G. Peterson

Signed _____

Student Embalmer,

Licensed Embalmer No. *3767*

P. O. Address *7027 Gravois*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.